

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29115

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1607 VILLAGE SQ BLVD  
STE 8  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15456  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

FEI Number: 59-2948258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDDY, MARIE M  
1607 VILLAGE SQ BLVD  
STE 8  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ERVIN, MARK  
Address: 281 THORNBERG DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: ELSBERRY, SHARON  
Address: 5952 OX BOTTOM MANOR DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD  
Name: HICKS, ROBERT  
Address: 6364 BELGRAND DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: MCCLEAN, FRANK  
Address: 493 MEADOW RIDGE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: SPOOK, STEVE  
Address: 546 MEADOW RIDGE DR  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIE EDDY

MGR

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date